

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Jason Lewis for Congress

ADDRESS (number and street)

P.O. Box 515

Check if different
than previously
reported. (ACC)

Cottage Grove

MN

55016

2. FEC IDENTIFICATION NUMBER ▼

C C00589234

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MN

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

2016

through

M M /

D D /

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rita Hillmann Olson

Signature of Treasurer

Rita Hillmann Olson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

14

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Jason Lewis for Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 6 |

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 122890.45 | 225464.45 |
| (b) Total Contribution Refunds (from Line 20(d)) | 9100.00 | 9100.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) | 113790.45 | 216364.45 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 92991.11 | 105282.19 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 92991.11 | 105282.19 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 111082.26 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 64

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Jason Lewis for Congress

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 6 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 3 | 1 | | 2 | 0 | 1 | 6 |

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

62540.70

127873.70

(ii) Unitemized.....

49849.75

86865.75

(iii) TOTAL of contributions from individuals ▶

112390.45

214739.45

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

10500.00

10500.00

(d) The Candidate.....

0.00

225.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

122890.45

225464.45

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

122890.45

225464.45

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 64

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 92991.11 | 105282.19 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 4100.00 | 4100.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 5000.00 | 5000.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 9100.00 | 9100.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 102091.11 | 114382.19 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 90282.92 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 122890.45 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 213173.37 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 102091.11 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 111082.26 |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

George Anderson

Mailing Address 1412 Mississippi Drive

City

Champlin

State

MN

Zip Code

55316

FEC ID number of contributing
federal political committee.

C

Name of Employer

VP Engineering

Occupation

Crown Iron Works Company

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.7987

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Kristen Anderson

Mailing Address 3850 Watertown Rd

City

Watertown

State

MN

Zip Code

55359

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Home Maker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8667

Amount of Each Receipt this Period

2700.00

☒ Memo Item
 Partnership attribution

Full Name (Last, First, Middle Initial)

Kristen Anderson

Mailing Address 3850 Watertown Rd

City

Watertown

State

MN

Zip Code

55359

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Home Maker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8668

Amount of Each Receipt this Period

-1300.00

☒ Memo Item
 Redesignate to general

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Kristen Anderson

Mailing Address 3850 Watertown Rd

City

Watertown

State

MN

Zip Code

55359

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Home Maker

Receipt For: 2016

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8681

Amount of Each Receipt this Period

1300.00

☒ Memo Item

Redesignate to the general

Full Name (Last, First, Middle Initial)

B. Mark Anderson

Mailing Address 3850 Watertown Rd

City

Maple Plain

State

MN

Zip Code

55359

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8670

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

Redesignate to the General

Full Name (Last, First, Middle Initial)

C. Mark Anderson

Mailing Address 3850 Watertown Rd

City

Maple Plain

State

MN

Zip Code

55359

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8675

Amount of Each Receipt this Period

2700.00

☒ Memo Item

Partnership attribution

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 64

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial)
Mark Anderson

Mailing Address 3850 Watertown Rd

City State Zip Code
 Maple Plain MN 55359

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 None Retired

Receipt For: 2016
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date
 2700.00

Date of Receipt

M M / D D / Y Y Y Y
 03 31 2016

Transaction ID : SA11AI.8676

Amount of Each Receipt this Period

2700.00

☒ Memo Item
 Redesignate to general

B. Full Name (Last, First, Middle Initial)
Jennifer Andrew

Mailing Address 1610 Viewcrest Ln

City State Zip Code
 Burnsville MN 55306

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 TJ3, LLC Graphic Designer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 300.00

Date of Receipt

M M / D D / Y Y Y Y
 03 23 2016

Transaction ID : SA11AI.7863

Amount of Each Receipt this Period

100.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Joseph Arndt

Mailing Address 3383 Pioneer Pl

City State Zip Code
 Stillwater MN 55082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 Information Requested Information Requested

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 300.00

Date of Receipt

M M / D D / Y Y Y Y
 02 25 2016

Transaction ID : SA11AI.6773

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 64
 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) Pamela Bernick | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2016 |
| Mailing Address 515 5th Ave N | | Transaction ID : SA11AI.7823 |
| City St Cloud | State MN | |
| Zip Code 56303 | | Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Bernick's Pepsi | Occupation Marketing Executive | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) Mark Blaxill | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 |
| Mailing Address 184 High St Suite 601 | | Transaction ID : SA11AI.8059 |
| City Boston | State MA | |
| Zip Code 02110 | | Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer 3LP | Occupation Managing Partner | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|----------------------------------|---|
| Full Name (Last, First, Middle Initial) Michael Bordonaro | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2016 |
| Mailing Address 3435 Glen Oaks Ave | | Transaction ID : SA11AI.8700 |
| City White Bear Lake | State MN | |
| Zip Code 55110 | | Amount of Each Receipt this Period 50.00 <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Medtronic | Occupation Engineer | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 2300.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Michael Bordonaro

Mailing Address 3435 Glen Oaks Ave

City

White Bear Lake

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medtronic

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 17 | | 2016 |

Transaction ID : SA11AI.8701

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Michael Bordonaro

Mailing Address 3435 Glen Oaks Ave

City

White Bear Lake

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medtronic

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 17 | | 2016 |

Transaction ID : SA11AI.8685

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Michael Bordonaro

Mailing Address 3435 Glen Oaks Ave

City

White Bear Lake

State

MN

Zip Code

55110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medtronic

Occupation

Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 17 | | 2016 |

Transaction ID : SA11AI.8693

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Tamara Callstrom

Mailing Address 114 3rd St N

City

Cannon Falls

State

MN

Zip Code

55009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Business Manager

Occupation

Daniel C Callstrom, DDS

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 28 | | 2016 |

Transaction ID : SA11AI.7821

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard Carlander

Mailing Address 220 Brand Ave

City

Faribault

State

MN

Zip Code

55021

FEC ID number of contributing
federal political committee.

C

Name of Employer

State Bank of Faribault

Occupation

Banker

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8271

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. James Clark

Mailing Address 4669 Stoddart Ln

City

White Bear Lake

State

MN

Zip Code

55127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Messerli & Kramer PA

Occupation

Lobbyist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 19 | | 2016 |

Transaction ID : SA11AI.6144

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

James Clark

Mailing Address 4669 Stoddart Ln

City

White Bear Lake

State

MN

Zip Code

55127

FEC ID number of contributing
federal political committee.

C

Name of Employer

Messerli & Kramer PA

Occupation

Lobbyist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8173

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Molly Cronin

Mailing Address 31 Cooper Circle

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8210

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

269.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 22 | | 2016 |

Transaction ID : SA11AI.8463

Amount of Each Receipt this Period

269.10

☐ Memo Item

In-kind - Travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1019.10

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Transaction ID : SA11AI.8466

Amount of Each Receipt this Period

-269.10

☐ Memo Item
 Reattribute to partner

Full Name (Last, First, Middle Initial)

New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

236.50

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Transaction ID : SA11AI.8488

Amount of Each Receipt this Period

236.50

☐ Memo Item
 In-kind - Travel - Lodging

Full Name (Last, First, Middle Initial)

New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Transaction ID : SA11AI.8491

Amount of Each Receipt this Period

-236.50

☐ Memo Item
 Reattribute to partner

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

-269.10

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

335.10

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 23 | | 2016 |

Transaction ID : SA11AI.8471

Amount of Each Receipt this Period

335.10

☐ Memo Item
In-kind - Travel

Full Name (Last, First, Middle Initial)

New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 23 | | 2016 |

Transaction ID : SA11AI.8480

Amount of Each Receipt this Period

-335.10

☐ Memo Item
Reattribute to partner

Full Name (Last, First, Middle Initial)

New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 24 | | 2016 |

Transaction ID : SA11AI.8483

Amount of Each Receipt this Period

-172.73

☐ Memo Item
Reattribute to partner

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

| |
|---------|
| -172.73 |
|---------|

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 64
 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

| | | | | |
|---|-------|----------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) Robert Davis | | | Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2016 | |
| Mailing Address 6710 Kane Avenue | | | Transaction ID : SA11AI.6864 | |
| City | State | Zip Code | | |
| Prior Lake | MN | 55372 | | |
| FEC ID number of contributing federal political committee. | | C | | |
| Name of Employer Window Outfitters, Inc | | Occupation Business Owner | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 300.00 | | |
| | | | Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item | |

| | | | | |
|---|-------|----------------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) Robert Davis | | | Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2016 | |
| Mailing Address 6710 Kane Avenue | | | Transaction ID : SA11AI.7212 | |
| City | State | Zip Code | | |
| Prior Lake | MN | 55372 | | |
| FEC ID number of contributing federal political committee. | | C | | |
| Name of Employer Window Outfitters, Inc | | Occupation Business Owner | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 400.00 | | |
| | | | Amount of Each Receipt this Period 100.00 <input type="checkbox"/> Memo Item | |

| | | | | |
|---|-------|-----------------------------------|---|--|
| C. Full Name (Last, First, Middle Initial) Robert Eddy | | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 161 Hill Circle W PO Box 51 | | | Transaction ID : SA11AI.8292 | |
| City | State | Zip Code | | |
| Big Lake | MN | 55309-0510 | | |
| FEC ID number of contributing federal political committee. | | C | | |
| Name of Employer None | | Occupation Retired | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 5400.00 | | |
| | | | Amount of Each Receipt this Period 5400.00 <input type="checkbox"/> Memo Item | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5600.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Robert Eddy

Mailing Address 161 Hill Circle W

PO Box 51

City

Big Lake

State

MN

Zip Code

55309-0510

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8652

Amount of Each Receipt this Period

-2700.00

☒ Memo Item

Redesignate to general

Full Name (Last, First, Middle Initial)

Robert Eddy

Mailing Address 161 Hill Circle W

PO Box 51

City

Big Lake

State

MN

Zip Code

55309-0510

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8653

Amount of Each Receipt this Period

2700.00

☒ Memo Item

Redesignate to general

Full Name (Last, First, Middle Initial)

Behrnt Eid

Mailing Address 2535 Medicine Ridge Rd

City

Minneapolis

State

MN

Zip Code

55441-4256

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Real Estate Rentals

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8281

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 64

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Susan Erickson

Mailing Address 5980 Pine Grove Road

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8312

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mary Fayfield

Mailing Address PO Box 34

City

Minneapolis

State

MN

Zip Code

55440

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 25 | | 2016 |

Transaction ID : SA11AI.6776

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bradley Fehr

Mailing Address 26339 470th Avenue

City

Morris

State

MN

Zip Code

56267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverview Dairy

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8178

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3450.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Gary Fehr

Mailing Address 24030 State Hwy 9

City

Morris

State

MN

Zip Code

56269

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverview Dairy

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8182

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lloyd Fehr

Mailing Address 19 Riverview Drive

City

Morris

State

MN

Zip Code

56268

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverview Dairy

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8180

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mitch Fehr

Mailing Address 26271 470th Ave

City

Morris

State

MN

Zip Code

56267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverview Dairy

Occupation

Farmer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8168

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 64

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Brian Fulcher

Mailing Address 2481 132nd Ave NE

City

Blaine

State

MN

Zip Code

55449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eagle Home Mortgage

Occupation
Finance

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.8696

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Thomas Gerbig

Mailing Address 1208 NE 11th Ave

City

Faribault

State

MN

Zip Code

55021

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.8308

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Michael Gillis

Mailing Address 11622 Normandale Blvd

City

Minneapolis

State

MN

Zip Code

55437

FEC ID number of contributing
federal political committee.

C

Name of Employer
River Bend Medical Group

Occupation
PA-C

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 25 / 2016

Transaction ID : SA11AI.6774

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 19 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Christine Grams

A.

Mailing Address 25801 Nacre St NW

City

St Francis

State

MN

Zip Code

55070

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 09 | | 2016 |

Transaction ID : SA11AI.7355

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Eleanor Hamilton

B.

Mailing Address 1143 97th Lane NW

City

Coon Rapids

State

MN

Zip Code

55433-5495

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8400

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Reattribute from spouse

Full Name (Last, First, Middle Initial)

Harold Hamilton

C.

Mailing Address 1142 97th Lane NW

City

Coon Rapids

State

MN

Zip Code

55433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Micro Control Company

Occupation

Electrical Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

7000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8287

Amount of Each Receipt this Period

5000.00

☐ Memo Item

See reattribution and redesignation below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Harold Hamilton

A.

Mailing Address 1142 97th Lane NW

City

Coon Rapids

State

MN

Zip Code

55433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Micro Control Company

Occupation

Electrical Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8399

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

Reattribute to spouse

Full Name (Last, First, Middle Initial)

Harold Hamilton

B.

Mailing Address 1142 97th Lane NW

City

Coon Rapids

State

MN

Zip Code

55433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Micro Control Company

Occupation

Electrical Engineer

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8409

Amount of Each Receipt this Period

-1600.00

☒ Memo Item

Redesignate: To General

Full Name (Last, First, Middle Initial)

Harold Hamilton

C.

Mailing Address 1142 97th Lane NW

City

Coon Rapids

State

MN

Zip Code

55433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Micro Control Company

Occupation

Electrical Engineer

Receipt For: 2016

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8410

Amount of Each Receipt this Period

1600.00

☒ Memo Item

Redesignate from primary

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

-2700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 64

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Larry Hassler

Mailing Address 885 Alfa Lane

City

Inver Grove Heights

State

MN

Zip Code

55077

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2016

Transaction ID : SA11AI.7028

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Michael Hayden

Mailing Address 6704 Parkwood Lane

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 28 / 2016

Transaction ID : SA11AI.6878

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bruce Hendry

Mailing Address 46760 Agnes Bay Rd

City

Drummond

State

WI

Zip Code

54832

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2016

Transaction ID : SA11AI.6148

Amount of Each Receipt this Period

5400.00

☐ Memo Item

See reattribution below

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6150.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 22 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Bruce Hendry

Mailing Address 46760 Agnes Bay Rd

City

Drummond

State

WI

Zip Code

54832

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 19 | | 2016 |

Transaction ID : SA11AI.8392

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

Reattribute to spouse

Full Name (Last, First, Middle Initial)

B. Sharon Hendry

Mailing Address 46760 Agnes Bay Road

City

Drummond

State

WI

Zip Code

54832

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 19 | | 2016 |

Transaction ID : SA11AI.8393

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Reattribute from spouse

Full Name (Last, First, Middle Initial)

C. Killer Whale Holdings LLC

Mailing Address 601 Carlson Parkway, Suite 400

City

Minnetonka

State

MN

Zip Code

55305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partnership

Occupation

NA

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

9500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 16 | | 2016 |

Transaction ID : SA11AI.8654

Amount of Each Receipt this Period

9500.00

☐ Memo Item

In-kind - Event Facility Rental

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

9500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 64
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

| | | | |
|---|---|--|--|
| A. Full Name (Last, First, Middle Initial) Killer Whale Holdings LLC | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 601 Carlson Parkway, Suite 400 | | Transaction ID : SA11Al.8666 | |
| City Minnetonka | State MN | Zip Code 55305 | Amount of Each Receipt this Period _____ -2700.00 <input checked="" type="checkbox"/> Memo Item Partnership attribution (Mark Anderson) |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer Partnership | Occupation NA | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 5400.00 | | |

| | | | |
|---|---|--|---|
| B. Full Name (Last, First, Middle Initial) Killer Whale Holdings LLC | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 601 Carlson Parkway, Suite 400 | | Transaction ID : SA11Al.8677 | |
| City Minnetonka | State MN | Zip Code 55305 | Amount of Each Receipt this Period _____ -2700.00 <input checked="" type="checkbox"/> Memo Item Partnership attribution (Kristen Anderson) |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer Partnership | Occupation NA | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 5400.00 | | |

| | | | |
|---|--|--|--|
| C. Full Name (Last, First, Middle Initial) Don Huizenga | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2016 | |
| Mailing Address 3374 12th Avenue | | Transaction ID : SA11Al.8244 | |
| City Anoka | State MN | Zip Code 55303 | Amount of Each Receipt this Period _____ 250.00 <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C _____ | | | |
| Name of Employer Self-employed | Occupation Contracting | | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 250.00 | | |

| | |
|---|--------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 250.00 |
| TOTAL This Period (last page this line number only)..... | _____ |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 64
 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Bryan Johnson | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 25 / 2016 |
| Mailing Address 4310 hillview | | Transaction ID : SA11AI.7117 |
| City Vadnais Heights | State MN | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Innovative Tools | Occupation Tool Designer | <input type="checkbox"/> Memo Item |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Bryan Johnson | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2016 |
| Mailing Address 4310 hillview | | Transaction ID : SA11AI.7429 |
| City Vadnais Heights | State MN | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Innovative Tools | Occupation Tool Designer | <input type="checkbox"/> Memo Item |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 350.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Bryan Johnson | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 |
| Mailing Address 4310 hillview | | Transaction ID : SA11AI.7894 |
| City Vadnais Heights | State MN | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Innovative Tools | Occupation Tool Designer | <input type="checkbox"/> Memo Item |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 200.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 25 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Nancy Jones

Mailing Address 6600 Parkwood Lane

City

Edina

State

MN

Zip Code

55436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Les Jones Roofing, Inc

Occupation

Co-owner/CFO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8317

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Patricia Kiemeier

Mailing Address 1413 119th St NW

City

Monticello

State

MN

Zip Code

55362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mortgage References, Inc.

Occupation

Business Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 28 | | 2016 |

Transaction ID : SA11AI.7820

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Rick Kline

Mailing Address 3185 Lake Shore Blvd

City

Wayzata

State

MN

Zip Code

55391

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kline Auto World

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 12 | | 2016 |

Transaction ID : SA11AI.6950

Amount of Each Receipt this Period

1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 64

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Jeffrey Kohagen

Mailing Address 3799 Cardinal St W

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing
federal political committee.

C

Name of Employer

QAD, Inc

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 08 / 2016

Transaction ID : SA11AI.7217

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Jeffrey Kohagen

Mailing Address 3799 Cardinal St W

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing
federal political committee.

C

Name of Employer

QAD, Inc

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.8071

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Keith Kostuch

Mailing Address 4511 Lakeview Drive

City

Edina

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keith Kostuch, Sole Prop.

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.7402

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 64

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Dale Kreft

Mailing Address PO Box 27496

City

Minneapolis

State

MN

Zip Code

55427

FEC ID number of contributing
federal political committee.

C

Name of Employer
TCF Financial BankOccupation
Accountant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.7983

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Carol Laron

Mailing Address 2429 Viking Ct NW

City

Rochester

State

MN

Zip Code

55901

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 17 | | 2016 |

Transaction ID : SA11AI.6231

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

David Larson

Mailing Address 849 Tonkawa Road

City

Orono

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vibrant TechOccupation
Vice-President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8396

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Reattribute from spouse

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

3050.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 28 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Jennifer Larson

Mailing Address 847 Tonkawa Road

City

Orono

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vibrant Tech

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2016 |

Transaction ID : SA11AI.7888

Amount of Each Receipt this Period

5400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jennifer Larson

Mailing Address 847 Tonkawa Road

City

Orono

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vibrant Tech

Occupation

CEO

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8395

Amount of Each Receipt this Period

-2700.00

☐ Memo Item

Reattribute to spouse

Full Name (Last, First, Middle Initial)

C. Steven Ludvigson

Mailing Address 12734 Foliage Ct

City

Apple Valley

State

MN

Zip Code

55124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cerasis, Inc.

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 14 | | 2016 |

Transaction ID : SA11AI.7427

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 29 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Paul Martin

Mailing Address 46635 208th Street

City

Morris

State

MN

Zip Code

56267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Willies Super Valu

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8176

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Malcom McDonald

Mailing Address 21 E Oaks Rd

City

North Oaks

State

MN

Zip Code

55127-2527

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 30 | | 2016 |

Transaction ID : SA11AI.8174

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Patti McDonald

Mailing Address PO Box 847

City

Lakeville

State

MN

Zip Code

55044

FEC ID number of contributing
federal political committee.

C

Name of Employer

McDonald Eye Care Consultants

Occupation

Business Administrator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 22 | | 2016 |

Transaction ID : SA11AI.8039

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 30 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Madeline McFadden-Nunez

Mailing Address 1805 N. Doheny Dr.

City

Los Angeles

State

CA

Zip Code

90069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Health Educator

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 28 | | 2016 |

Transaction ID : SA11AI.7825

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Thomas McKay

Mailing Address 3449 Ridgeway W

City

Woodbury

State

MN

Zip Code

55129

FEC ID number of contributing
federal political committee.

C

Name of Employer

Personnel plus

Occupation

Owner

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 17 | | 2016 |

Transaction ID : SA11AI.7027

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Louis Newell

Mailing Address 152 Kenwood Street

City

Mahtomedi

State

MN

Zip Code

55115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Yachtman

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 23 | | 2016 |

Transaction ID : SA11AI.7868

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 64

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Damian Novak

Mailing Address 20870 St Albans Green

City

Greenwood

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer

I-35 Healthcare

Occupation

Self-employed

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 20 | | 2016 |

Transaction ID : SA11AI.6865

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

James Oricchio

Mailing Address 851 W 128th St

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coordinated Business Systems

Occupation

President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 26 | | 2016 |

Transaction ID : SA11AI.7129

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Stephen Peltier

Mailing Address 1023 Dwane St

City

South St Paul

State

MN

Zip Code

55075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Peltier Plumbing

Occupation

Plumber

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 28 | | 2016 |

Transaction ID : SA11AI.7818

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 32 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Beth Raskovich

Mailing Address 23171 Woodland Ridge Drive

City

Lakeville

State

MN

Zip Code

55044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kohlhofer Insurance Agency

Occupation

Real Estate

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 22 | | 2016 |

Transaction ID : SA11AI.8057

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ashlee Rich Stephenson

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Just Win Strategies (DBA)

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

269.10

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Transaction ID : SA11AI.8467

Amount of Each Receipt this Period

269.10

☐ Memo Item

Reattribution to partner

Full Name (Last, First, Middle Initial)

C. Ashlee Rich Stephenson

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Just Win Strategies (DBA)

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

505.60

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Transaction ID : SA11AI.8492

Amount of Each Receipt this Period

236.50

☐ Memo Item

Reattribute to partner

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1005.60

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 33 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Ashlee Rich Stephenson

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Just Win Strategies (DBA)

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

840.70

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 23 | | 2016 |

Transaction ID : SA11AI.8481

Amount of Each Receipt this Period

335.10

☐ Memo Item
 Reattribute to partner

Full Name (Last, First, Middle Initial)

B. Ashlee Rich Stephenson

Mailing Address 3270 Las Palmas

City

Houston

State

TX

Zip Code

77027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Just Win Strategies (DBA)

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1013.43

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 24 | | 2016 |

Transaction ID : SA11AI.8484

Amount of Each Receipt this Period

172.73

☐ Memo Item
 Reattribute to partner

Full Name (Last, First, Middle Initial)

C. Kathryn Rominski

Mailing Address 2301 River Road South

City

Lakeland

State

MN

Zip Code

55043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Broadcaster

Occupation

Hubbard Broadcasting

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Transaction ID : SA11AI.8304

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1507.83

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 34 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Charles Runyon

Mailing Address 13385 24th St N

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Esteem BrandsOccupation
Franchisor

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 19 | | 2016 |

Transaction ID : SA11AI.6146

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Scott Sand

Mailing Address 6055 Kalland Drive

City

Albertville

State

MN

Zip Code

55301

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 24 | | 2016 |

Transaction ID : SA11AI.7100

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mike Sarafolean

Mailing Address 11601 Whiterook Ct

City

Tampa

State

FL

Zip Code

33626

FEC ID number of contributing
federal political committee.

C

Name of Employer
NoneOccupation
Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 15 | | 2016 |

Transaction ID : SA11AI.6970

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 64
 (check only one)
☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Jason Lewis for Congress

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Bron Scherer | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2016 |
| Mailing Address 617 Turnberry Ct | | Transaction ID : SA11AI.7931 |
| City Northfield | State MN | |
| Zip Code 55057 | | Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Employed | Occupation Business Owner | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial) B. Neil Schmedgall | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016 |
| Mailing Address 46968 206th Point | | Transaction ID : SA11AI.8241 |
| City Morris | State MN | |
| Zip Code 56267 | | Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer None | Occupation Retired | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Tamara Schuette | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 11 / 2016 |
| Mailing Address 1446 Englert Road | | Transaction ID : SA11AI.6116 |
| City Eagan | State MN | |
| Zip Code 55122 | | Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer TCF | Occupation Executive | |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 875.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 36 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Douglas Seaton

Mailing Address 7300 Metro Blvd-Ste 500

City

Minneapolis

State

MN

Zip Code

55424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seaton, Peteus & Niewew

Occupation

Attorney

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 01 | | 08 | | 2016 |

Transaction ID : SA11AI.6139

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Stephen Sinnen

Mailing Address 538 3rd Ave E

City

Shakopee

State

MN

Zip Code

55379

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Hot Air Balloon

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 24 | | 2016 |

Transaction ID : SA11AI.7881

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Blair Tremere

Mailing Address P.O. Box 27667

City

Golden Valley

State

MN

Zip Code

55427

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 23 | | 2016 |

Transaction ID : SA11AI.6701

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 37 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Craig Weckwerth

Mailing Address 39386 590th St

City

Zumbro Falls

State

MN

Zip Code

55991

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trek Analytics

Occupation

Consultant

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 21 | | 2016 |

Transaction ID : SA11AI.8073

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael White

Mailing Address 20675 Hollins Ave W

City

Lakeville

State

MN

Zip Code

55044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 22 | | 2016 |

Transaction ID : SA11AI.8036

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Wieber

Mailing Address 18595 218th Ave NW

City

Big Lake

State

MN

Zip Code

55309-9164

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lang Wieber OD PA

Occupation

Optometrist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 12 | | 2016 |

Transaction ID : SA11AI.8682

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 38 OF 64

(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

Jeffrey Wieber

Mailing Address 18595 218th Ave NW

City

Big Lake

State

MN

Zip Code

55309-9164

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lang Wieber OD PAOccupation
Optometrist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 12 | | 2016 |

Transaction ID : SA11AI.8691

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Dale Zoerb

Mailing Address 2621 Wexford Heights Lane

City

New Brighton

State

MN

Zip Code

55112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Builder Restoration CorpOccupation
President

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 23 | | 2016 |

Transaction ID : SA11AI.8063

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2050.00

62540.70

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 64

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Anderson for State Representative Committee

Mailing Address 8182 County Road 78 #1

City

Lake Shore

State

MN

Zip Code

56468

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2016

Transaction ID : SA11C.8368

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Freedom Club Federal PAC

Mailing Address P. O. BOX 416

City

CHAMPLIN

State

MN

Zip Code

55316

FEC ID number of contributing
federal political committee.

C C00307777

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 31 2016

Transaction ID : SA11C.8324

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Freedom Club State PAC

Mailing Address PO Box 416

City

Champlin

State

MN

Zip Code

55316

FEC ID number of contributing
federal political committee.

C C00307777

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 01 2016

Transaction ID : SA11C.6790

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Refunded 3/31/2016, See Schedule B, Line 20 (c)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10500.00

10500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Bayport Printing House

Mailing Address 102 Central Ave

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Bayport | MN | 55003 |

Purpose of Disbursement
Fundraising Supplies

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | / | 0 | 7 | / | 2 | 0 | 1 | 6 |

Amount of Each Disbursement this Period

396.36

☐ Memo Item

Transaction ID : SB17.8580

B. BMO Harris Bank

Mailing Address 9935 Hudson Place

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Woodbury | MN | 55125 |

Purpose of Disbursement
Bank Charges

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 1 | 6 |

Amount of Each Disbursement this Period

171.00

☐ Memo Item

Transaction ID : SB17.8516

c. Capitol Hill Club

Mailing Address 300 1st St SE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Washington | DC | 20003 |

Purpose of Disbursement
Food and beverages

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | / | 0 | 5 | / | 2 | 0 | 1 | 6 |

Amount of Each Disbursement this Period

150.23

☐ Memo Item

Transaction ID : SB17.8567

SUBTOTAL of Disbursements This Page (optional).....

717.59

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 64

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Capitol Hill Club

Mailing Address 300 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Food and beverages

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 08 / 2016

Amount of Each Disbursement this Period

147.75

☐ Memo Item

Transaction ID : SB17.8568

B. Capitol Hill Hotel

Mailing Address 200 C Street SE

City Washington State DC Zip Code 20003-1909

Purpose of Disbursement
Hotel Travel Costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 08 / 2016

Amount of Each Disbursement this Period

498.52

☐ Memo Item

Transaction ID : SB17.8607

C. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

City Houston State TX Zip Code 77027

Purpose of Disbursement
Campaign Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 15 / 2016

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Transaction ID : SB17.8517

SUBTOTAL of Disbursements This Page (optional).....

4646.27

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77027 |

Amount of Each Disbursement this Period

Purpose of Disbursement
In-kind - Travel

002

269.10

Candidate Name

☐ Memo Item

Transaction ID : SB17.8464

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

B. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77027 |

Amount of Each Disbursement this Period

Purpose of Disbursement
In-kind - Travel - Lodging

002

236.50

Candidate Name

☐ Memo Item

Transaction ID : SB17.8489

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

C. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77027 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Reattribute: In-kind - Travel - Airfare

002

-269.10

Candidate Name

☐ Memo Item

Transaction ID : SB17.8497

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

236.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77027 |

Purpose of Disbursement
Reattribute: In-kind - Travel - Lodging

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Amount of Each Disbursement this Period

-236.50

☐ Memo Item

Transaction ID : SB17.8504

B. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77027 |

Purpose of Disbursement
In-kind - Travel

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 23 | | 2016 |

Amount of Each Disbursement this Period

335.10

☐ Memo Item

Transaction ID : SB17.8472

C. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77027 |

Purpose of Disbursement
Reattribute: In-kind - Travel- Airfare

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 23 | | 2016 |

Amount of Each Disbursement this Period

-335.10

☐ Memo Item

Transaction ID : SB17.8508

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

-236.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. New Strategies, LLC D/B/A Just Win Strategies

Mailing Address 3270 Las Palmas

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 24 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Houston | TX | 77027 |

Amount of Each Disbursement this Period

| |
|--------|
| 172.73 |
|--------|

Purpose of Disbursement
In-kind - Travel Costs

002

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8478

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

B. Delta Air Lines

Mailing Address 1030 Delta Boulevard

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 14 | | 2016 |

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30354-1989 |

Amount of Each Disbursement this Period

| |
|--------|
| 315.20 |
|--------|

Purpose of Disbursement
Travel- Airfare

002

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8590

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2061

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

C. Delta Air Lines

Mailing Address 1030 Delta Boulevard

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 26 | | 2016 |

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30354-1989 |

Amount of Each Disbursement this Period

| |
|-------|
| 49.00 |
|-------|

Purpose of Disbursement
Travel costs

002

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8594

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

536.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Delta Air Lines

Mailing Address 1030 Delta Boulevard

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30354-1989 |

Purpose of Disbursement
Travel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 26 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 39.00 |
|-------|

☐ Memo Item

Transaction ID : SB17.8595

B. Delta Air Lines

Mailing Address 1030 Delta Boulevard

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30354-1989 |

Purpose of Disbursement
Travel cost

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 28 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 39.00 |
|-------|

☐ Memo Item

Transaction ID : SB17.8597

C. Delta Air Lines

Mailing Address 1030 Delta Boulevard

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30354-1989 |

Purpose of Disbursement
Travel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 28 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 29.00 |
|-------|

☐ Memo Item

Transaction ID : SB17.8598

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

107.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Delta Air Lines

Mailing Address 1030 Delta Boulevard

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30354-1989 |

Purpose of Disbursement
Reattribute: In-Kind - Travel - Airfare

002

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Amount of Each Disbursement this Period

269.10

☐ Memo Item

Transaction ID : SB17.8498

B. Delta Air Lines

Mailing Address 1030 Delta Boulevard

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| Atlanta | GA | 30354-1989 |

Purpose of Disbursement
Reattribute: In-Kind - Travel - Airline

002

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 23 | | 2016 |

Amount of Each Disbursement this Period

335.10

☐ Memo Item

Transaction ID : SB17.8509

c. Jack Dwyer

Mailing Address 2236 Matterhorn Lane

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| St Paul | MN | 55119 |

Purpose of Disbursement
Payroll

001

Candidate Name

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| State: | District: | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 31 | | 2016 |

Amount of Each Disbursement this Period

3070.00

☐ Memo Item

Transaction ID : SB17.8625

SUBTOTAL of Disbursements This Page (optional).....

3674.20

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Jack Dwyer

Mailing Address 2236 Matterhorn Lane

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 29 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| St Paul | MN | 55119 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll

001

3070.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.8626

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

B. Jack Dwyer

Mailing Address 2236 Matterhorn Lane

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| St Paul | MN | 55119 |

Amount of Each Disbursement this Period

Purpose of Disbursement
Payroll

001

3070.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.8623

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

C. Killer Whale Holdings LLC

Mailing Address 601 Carlson Parkway, Suite 400

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 16 | | 2016 |

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Minnetonka | MN | 55305 |

Amount of Each Disbursement this Period

Purpose of Disbursement
In-kind - Event Facility Rental

007

9500.00

Candidate Name

☐ Memo Item

Transaction ID : SB17.8656

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

15640.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Killer Whale Holdings LLC

Mailing Address 601 Carlson Parkway, Suite 400

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Minnetonka | MN | 55305 |

Purpose of Disbursement
Reattribute: In-kind - Event Facility Rental

007

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 16 | | 2016 |

Amount of Each Disbursement this Period

-9500.00

☐ Memo Item

Transaction ID : SB17.8661

B. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 04 | | 2016 |

Amount of Each Disbursement this Period

40.31

☐ Memo Item

Transaction ID : SB17.8588

c. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 13 | | 2016 |

Amount of Each Disbursement this Period

34.35

☐ Memo Item

Transaction ID : SB17.8589

SUBTOTAL of Disbursements This Page (optional).....

-9425.34

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 28 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 25.80 |
|-------|

☐ Memo Item

Transaction ID : SB17.8596

B. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 04 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 38.45 |
|-------|

☐ Memo Item

Transaction ID : SB17.8605

C. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
fuel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 10 | | 2016 |

Amount of Each Disbursement this Period

| |
|-------|
| 21.09 |
|-------|

☐ Memo Item

Transaction ID : SB17.8609

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

85.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel Costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

Amount of Each Disbursement this Period

41.35

☐ Memo Item

Transaction ID : SB17.8610

B. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 10 | | 2016 |

Amount of Each Disbursement this Period

51.33

☐ Memo Item

Transaction ID : SB17.8617

C. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 21 | | 2016 |

Amount of Each Disbursement this Period

58.51

☐ Memo Item

Transaction ID : SB17.8618

SUBTOTAL of Disbursements This Page (optional).....

151.19

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 25 | | 2016 |

Amount of Each Disbursement this Period

45.35

☐ Memo Item

Transaction ID : SB17.8621

B. Holiday Stationstore

Mailing Address 4567 American Blvd West

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Bloomington | MN | 55437 |

Purpose of Disbursement
Fuel costs

002

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 29 | | 2016 |

Amount of Each Disbursement this Period

50.41

☐ Memo Item

Transaction ID : SB17.8622

C. Intellz, Inc.Mailing Address 3109 Knox St
#624

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| Dallas | TX | 75205 |

Purpose of Disbursement
Media Review

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 10 | | 2016 |

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Transaction ID : SB17.8535

SUBTOTAL of Disbursements This Page (optional).....

2595.76

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Internal Revenue Service

Mailing Address IRS

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 12 | | 2016 |

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Ogden | UT | 84201-0005 |

Amount of Each Disbursement this Period

| |
|---------|
| 1048.00 |
|---------|

Purpose of Disbursement
Payroll taxes & EE withholdings

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8637

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

B. Internal Revenue Service

Mailing Address IRS

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 13 | | 2016 |

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Ogden | UT | 84201-0005 |

Amount of Each Disbursement this Period

| |
|---------|
| 1048.00 |
|---------|

Purpose of Disbursement
Payroll taxes & EE withholdings

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8638

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

Full Name (Last, First, Middle Initial)

C. Internal Revenue Service

Mailing Address IRS

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

| | | |
|-------|-------|------------|
| City | State | Zip Code |
| Ogden | UT | 84201-0005 |

Amount of Each Disbursement this Period

| |
|---------|
| 1048.00 |
|---------|

Purpose of Disbursement
Payroll taxes & EE withholdings

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8631

| | | |
|----------------|-----------|--|
| Office Sought: | House | Disbursement For: 2016 |
| | Senate | |
| | President | |
| | | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| | | <input type="checkbox"/> Other (specify) |

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3144.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Kaley Taffe

Mailing Address 16425 Grenoble Court

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 29 | | 2016 |

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Lakeville | MN | 55044 |

Amount of Each Disbursement this Period

| |
|---------|
| 6705.00 |
|---------|

Purpose of Disbursement
Fundraising Consultant

003

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8530

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

B. Kaley Taffe

Mailing Address 16425 Grenoble Court

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 29 | | 2016 |

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| Lakeville | MN | 55044 |

Amount of Each Disbursement this Period

| |
|--------|
| 124.20 |
|--------|

Purpose of Disbursement
Mileage

002

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8537

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

C. Mail Chimp

Mailing Address 675 Ponce De Leon Ave NE, Ste 5000

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 01 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Atlanta | GA | 30308 |

Amount of Each Disbursement this Period

| |
|--------|
| 150.00 |
|--------|

Purpose of Disbursement
Electronic Mail Letter

003

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8526

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

6979.20

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Mail Chimp

Mailing Address 675 Ponce De Leon Ave NE, Ste 5000

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 01 | | 2016 |

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Atlanta | GA | 30308 |

Amount of Each Disbursement this Period

| |
|--------|
| 150.00 |
|--------|

Purpose of Disbursement
Electronic Mail Letter

003

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8528

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

B. Marriott Minn

Mailing Address 30 S 7th St

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 22 | | 2016 |

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Minneapolis | MN | 55402-1601 |

Amount of Each Disbursement this Period

| |
|--------|
| 236.50 |
|--------|

Purpose of Disbursement
Reattribute: In-kind - Travel - Lodging

002

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8505

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

C. Minnesota Department of Unemployment

Mailing Address PO Box 4629

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

| | | |
|---------|-------|------------|
| City | State | Zip Code |
| St Paul | MN | 55101-4007 |

Amount of Each Disbursement this Period

| |
|--------|
| 202.80 |
|--------|

Purpose of Disbursement
Payroll taxes

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB17.8633

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

589.30

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Minnesota Dept of Revenue

Mailing Address 600 North Robert St

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| St Paul | MN | 55101 |

Purpose of Disbursement
Payroll taxes withholdings

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 13 | | 2016 |

Amount of Each Disbursement this Period

188.00

☐ Memo Item

Transaction ID : SB17.8640

B. Minnesota Dept of Revenue

Mailing Address 600 North Robert St

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| St Paul | MN | 55101 |

Purpose of Disbursement
Payroll taxes withholdings

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Amount of Each Disbursement this Period

188.00

☐ Memo Item

Transaction ID : SB17.8635

C. MN Workers Comp Insurers Assoc.Mailing Address 7701 France Avenue South
Ste 450

| | | |
|-------------|-------|------------|
| City | State | Zip Code |
| Minneapolis | MN | 55435-3203 |

Purpose of Disbursement
Workers' Comp Cost

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 07 | | 2016 |

Amount of Each Disbursement this Period

350.00

☐ Memo Item

Transaction ID : SB17.8628

SUBTOTAL of Disbursements This Page (optional).....

726.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Pac Engine.comMailing Address 2035 Sunset Lake Road
Suite B-2

City Newark State DE Zip Code 19702

Purpose of Disbursement
Web Services

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 15 | | 2016 |

Amount of Each Disbursement this Period

4170.78

☐ Memo Item

Transaction ID : SB17.8521

B. Pac Engine.comMailing Address 2035 Sunset Lake Road
Suite B-2

City Newark State DE Zip Code 19702

Purpose of Disbursement
Web Services

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Amount of Each Disbursement this Period

962.60

☐ Memo Item

Transaction ID : SB17.8520

c. Pac Engine.comMailing Address 2035 Sunset Lake Road
Suite B-2

City Newark State DE Zip Code 19702

Purpose of Disbursement
Web Services

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Amount of Each Disbursement this Period

855.00

☐ Memo Item

Transaction ID : SB17.8705

SUBTOTAL of Disbursements This Page (optional).....

5988.38

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Pinnacle Direct

Mailing Address 15260 113th St North

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Stillwater | MN | 55082-9575 |

Purpose of Disbursement
Direct Mail Services

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 01 | | 07 | | 2016 |

Amount of Each Disbursement this Period

5561.89

☐ Memo Item

Transaction ID : SB17.8538

B. Pinnacle Direct

Mailing Address 15260 113th St North

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Stillwater | MN | 55082-9575 |

Purpose of Disbursement
Direct Mail Services

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 08 | | 2016 |

Amount of Each Disbursement this Period

3382.50

☐ Memo Item

Transaction ID : SB17.8540

C. Pinnacle Direct

Mailing Address 15260 113th St North

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Stillwater | MN | 55082-9575 |

Purpose of Disbursement
Direct Mail Postage

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 08 | | 2016 |

Amount of Each Disbursement this Period

6375.00

☐ Memo Item

Transaction ID : SB17.8550

SUBTOTAL of Disbursements This Page (optional).....

15319.39

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Pinnacle Direct

Mailing Address 15260 113th St North

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Stillwater | MN | 55082-9575 |

Purpose of Disbursement
Direct Mail Services

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 24 | | 2016 |

Amount of Each Disbursement this Period

12015.25

☐ Memo Item

Transaction ID : SB17.8541

B. Pinnacle Direct

Mailing Address 15260 113th St North

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Stillwater | MN | 55082-9575 |

Purpose of Disbursement
Direct Mail Services

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 16 | | 2016 |

Amount of Each Disbursement this Period

3821.25

☐ Memo Item

Transaction ID : SB17.8542

C. Pinnacle Direct

Mailing Address 15260 113th St North

| | | |
|------------|-------|------------|
| City | State | Zip Code |
| Stillwater | MN | 55082-9575 |

Purpose of Disbursement
Direct Mail Postage

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 16 | | 2016 |

Amount of Each Disbursement this Period

6502.50

☐ Memo Item

Transaction ID : SB17.8551

SUBTOTAL of Disbursements This Page (optional).....

22339.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Targeted VictoryMailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Credit Card Clearing Services

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 02 | 29 | 2016 |

Amount of Each Disbursement this Period

705.85

☐ Memo Item

Transaction ID : SB17.8524

B. Targeted VictoryMailing Address 1033 North Fairfax Street
Suite 400

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Credit Card Clearing Services

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 31 | 2016 |

Amount of Each Disbursement this Period

1771.79

☐ Memo Item

Transaction ID : SB17.8525

c. The Rouen Group

Mailing Address 21 Oliver Ave S

City Minneapolis State MN Zip Code 55405

Purpose of Disbursement
Fundraising Consultant

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 16 | 2016 |

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Transaction ID : SB17.8533

SUBTOTAL of Disbursements This Page (optional).....

5977.64

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 64

| | | | |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Twins Ballpark, LLC

Mailing Address 1 Twins Way

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Minneapolis | MN | 55403 |

Purpose of Disbursement
Reattribute from Killer Whale Holdings LLC

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 16 | | 2016 |

Amount of Each Disbursement this Period

| |
|---------|
| 9500.00 |
|---------|

☐ Memo Item

Transaction ID : SB17.8662

B. Wheatland Company, LLC

Mailing Address 3245 Lake Avenue

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| New Prague | MN | 56071 |

Purpose of Disbursement
Accounting Services

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 02 | | 29 | | 2016 |

Amount of Each Disbursement this Period

| |
|---------|
| 2500.00 |
|---------|

☐ Memo Item

Transaction ID : SB17.8510

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

12000.00

91791.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 64

| | | | |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Killer Whale Holdings LLC

Mailing Address 601 Carlson Parkway, Suite 400

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 03 | 31 | 2016 |

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Minnetonka | MN | 55305 |

Amount of Each Disbursement this Period

| |
|---------|
| 4100.00 |
|---------|

Purpose of Disbursement
Refund of contribution

010

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : SB20A.8658

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For: 2016

| | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

| | | |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| | | |

| | | |
|------|-------|----------|
| City | State | Zip Code |
| | | |

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Purpose of Disbursement

Category/
Type☐ Memo Item

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | |
|--|----------------------------------|
| <input type="checkbox"/> Primary | <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4100.00

4100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 62 OF 64

| | | | |
|------------------------------|------------------------------|---|------------------------------|
| <input type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input checked="" type="checkbox"/> 20c | <input type="checkbox"/> 21 |

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NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

Full Name (Last, First, Middle Initial)

A. Freedom Club State PAC

Mailing Address PO Box 416

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| Champlin | MN | 55316 |

Purpose of Disbursement
Refund of 3/01/2016 contribution

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2016 |

Amount of Each Disbursement this Period

| |
|---------|
| 5000.00 |
|---------|

☐ Memo Item

Transaction ID : SB20C.8323

B.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**C.**

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

| |
|---------|
| 5000.00 |
|---------|

| |
|---------|
| 5000.00 |
|---------|

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB20C

Transaction ID : SB20C.8323

See Schedule A, Line 11 (c)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 64 OF 64

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Jason Lewis for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pinnacle Direct

Nature of Debt (Purpose):

Direct mail services

Mailing Address 15260 113th St North

City State

Zip Code

Stillwater

MN

55082-9575

Outstanding Balance Beginning This Period

5561.89

Transaction ID : SD10.6016

Amount Incurred This Period

0.00

Payment This Period

5561.89

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

0.00

2) **TOTALS** This Period (last page this line number only)

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)